<i>)</i> •								$\neg$	Application				
PATENT APPLICATION FEE DETERMINATION RECO								Application or Docket Number					
Effective October 1, 2003								10788713					
CLAIMS AS FILED - PART I						(Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			T .				<u> </u>	RATE		٠. ٦	RATE	<del></del>	
FOR			NUMBER FILED NUM			BER EXTRA	-	BASIC FEE			BASIC FEI	FEE 770.00	
TO	OTAL CHARGE	ABLE CLAIMS	minus 20=			<del>V</del>		XS 9=.		7	-	770.00	
IN	DEPENDENT (	CLAIMS	5 minus 3 = 1			<i>y</i> *	7			OR	$\vdash$	76	
М	JLTIPLE DEPE	NDENT CLAIM F		1			X43=		-	OR	X86=	1	
• 11	the difference	e in column 1 is	less than zero, enter "0" in column 2					145= OTAL		OR	+290=		
n,	If the difference in column 1 is less than zero, enter "0" in column 2									OR	TOTAL	8#2	
3	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column						SN	IALL	ENTITY	OR	OTHER SMALL		
<b>AMENDMENT A</b>		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER	PRESENT EXTRA	. R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON	Total	. 24	Minus	- 24	4	e	XS	9=		OR	X\$18=		
AME	Independent	· 3	Minus	<u> </u>	3	= -	X	3=		OR	X86=		
	PIRST PRESE	ENTATION OF MI	JLTIPLE DE	LTIPLE DEPENDENT CL			+145=		<del> </del> -		+290=		
	•							OTAL		OR	TOTAL		
(Column 1) (Column 2) (Column 3)								ADDIT. FEE OR ADDIT. FEE					
~		CLAIMS HIGHEST							400:				
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIOU PAID F	USLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**			X\$	9=		OR	X\$18=		
	Independent	* NTATION OF MU	Minus	SENIDENT (	C1 A104	-	X4	3=		OR	X86=		
-	THOU THEOL	MATION OF MIC	LIFE DEFENDENT		LAIM .		+14	5≂		OR	+290=		
								DTAL		_ L	TOTAL		
(Column 1) (Column 2) (Column 3)								FEE		J.,	ODIT. FEE	•	
$\overline{}$	`	CLAIMS	•	HIGHE		(Column 3)				-			
5 L		REMAINING AFTER AMENDMENT		PREVIOU PAID FO	JSLY	PRESENT EXTRA	RAT	Ē	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		B .	X\$	9=		OR	X\$18=		
	Independent		Minus	***		= '	X43	=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							j=		OR			
• #	of the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR L	+290=		
	the "Highest Nur	nber Previously Pai mber Previously Pai	d For IN THIS Id For IN THIS	S SPACE is le S SPACE in le	ess than	20, enter "20."	ADÓIT.		السيسان		TOTAL DOTT. FEE		
T	ne 'Highest Num	ber Previously Paid	For (Total or	Independent	) is the l	highest number	found in ti	ө арр	ropriate box	in colu	mn 1.	·	